

During a [subtemporal approach](#) for a cerebral [pedunculotomy](#), he inadvertently injured and, subsequently, was forced to occlude the [anterior choroidal artery](#). Much to Cooper's surprise, following emergence from [anesthesia](#) the patient's [tremor](#) and [rigidity](#) were abolished without any residual [hemiparesis](#). This serendipitous observation, together with Meyer's earlier work on the role of the [basal ganglia](#) in motor control, helped focus surgical efforts on targets within the basal ganglia and, subsequently, within the [thalamus](#) to alleviate the movement disorders associated with Parkinson's disease. While at New York University, Cooper developed [chemopallidectomy](#) and, later at St. Barnabas Hospital in the Bronx (1954-1977), he used cryothalamectomy as a surgical technique for primary control of tremor in patients with Parkinson's disease. Cooper authored many original papers on surgical techniques and several textbooks on the lives of patients afflicted with Parkinson's disease and other crippling movement disorders. Although considered controversial, this fascinating and complex neurosurgeon made significant contributions to this field ¹⁾.

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Das K, Benzil DL, Rovit RL, Murali R, Couldwell WT. Irving S. Cooper (1922-1985): a pioneer in functional neurosurgery. J Neurosurg. 1998 Nov;89(5):865-73. PubMed PMID: 9817430.

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